

57-97 B-6574 C
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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000002086 (7)**

1. Corporation Name

THE OAKHURST TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**295 EAST HIGHWAY 50
CLERMONT FL 34711**

**295 EAST HIGHWAY 50
CLERMONT FL 34711-2411**



3. Date Incorporated or Qualified
05/07/1993

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21 141 N. Hwy 27

26 141 N. Hwy 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Clermont, Florida

28 Clermont, FLA.

Zip

Country

Zip

Country

24 34711

25 USA

29 34711

30 USA

4. FEI Number

59-3207611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOMAN, GREG
295 EAST HIGHWAY 50
CLERMONT FL 34711**

81 Name

GREG HOMAN

82 Street Address (P.O. Box Number is Not Acceptable)

141 N. Hwy 27

83

84 City

Clermont

FL

85 Zip Code

34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **STD**
STREET ADDRESS **THOMPSON, ROBERT D**
CITY-ST-ZIP **1927 BRANTLEY CIRCLE
CLERMONT FL 34711**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GOUDY, ROBERT C**
CITY-ST-ZIP **219 RIDGECREST LOOP, MINNEOLA LOOP
MINNEOLA FL 34755**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **HOMAN, GREG**
CITY-ST-ZIP **20570 SUGARLOAF MOUNTAIN RD.
CLERMONT FL 34711**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **006674**

CR2E037 (9/96)